and outpatient care areas while providing continuity of care and patient safety.

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PENNY WISE BUT POUND FOOLISH: DO COST REDUCTION INIATIVES REALLY WORK IN THE PEDIATRIC STEM CELL TRANSPLANT POPULATION?

Frey, M.A. Duke University Pediatric Stem Cell Transplant Program, Durham, NC.

An unstable economy and increasing payer demands have forced many health care providers to dramatically tighten their fiscal belts. The child undergoing a stem cell transplant is often a high user of both human and material resources. The cost of caring for these patients often is astronomical. In an effort to better contain costs, payers and administrators are now demanding that new and innovative solutions be imlemented in order to maximize resources and keep costs down. The ultimate goal of these solutions is to maximize quality patient care while still making stem cell transplantation affordable. The Duke Pediatric Stem Cell Transplant Unit is no exception. Our program has successfully implemented several initiatives that have reduced our cost per case as well as our length of stay. The purpose of this abstract is to identify and outline some of these cost containment initiatives. Some of these include, but are not limited to: 1. An approval process for high-cost pharmaceuticals (i.e liposomal drugs) 2. Reduction in the use of IVIG 3. The use of PYXIS for materials and supplies 4. A Retention/Recruitment Model for nursing. The cost of replacing a PSCT nurse exceeds $60, 000 5. An outpatient treatment facility which has resulted in a dramatic reduction in inpatient LOS 6. Expansion of the PSCT program to less acute venues of care The cost effectiveness and overall success of these initiatives will be outlined. The impact of these changes on patient satisfaction and staff will also be described. Our goal is to provide the highest possible level of patient care that includes a strong commitment to keeping costs contained.

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A PARENT SUPPORT PROGRAM FOR CHILDREN UNDERGOING STEM CELL TRANSPLANTION: THE DUKE UNIVERSITY PEDIATRIC STEM CELL PROGRAM MODEL

Hungate, J.; Frey, M.A. Duke University Pediatric Stem Cell Transplant Program, Durham, NC.

The care of the child undergoing a stem cell transplant requires a complex, multidisciplinary team approach in order to achieve the best possible outcome. Critical to the success of this approach is the role of the parent or caregiver. The road through transplant is often grueling. Parents typically stay with their children for the duration of therapy. Caregiver stress and burnout is a common phenomenon. Financial hardship often adds to the strain and worries. Parental/Caregiver support is one element that is often overlooked in the literature. The Duke Pediatric Stem Cell Transplant Program has implemented a family support program to cultivate a formal relationship between the parent and the health care team. Core components of this program include: 1. Pre-admission teaching and education related to parental expectations 2. The development of "The Duke PSCT Parent Handbook" which includes detailed caregiver education. 3. The Duke PSCT "Best Buddies Program" which utilizes carefully selected volunteers that support the family and allows the parent to leave the unit for brief periods of time. 4. A family resource area/lounge on the inpatient unit that provides cooking, bathing, and laundry facilities for caregivers. 5. The Fountain Fund Project which utilizes monies obtained from the Hospital lobby fountain for parent support projects. 6. The use of community volunteers such as hair stylists, food vendors, and other support which reduces emontional stress and can minimize extraneous expenses such as food and parking. 7. Numerous fund raising activities (i.e. Racing Heroes Auction and Rainbow of Heroes Walk) which is a discretionary fund used to support parents and caregivers. 8. Weekly psychosocial rounds which identify caregivers and family dynamics that may be high risk. The goal of this abstract is to illustrate the unique programs used at Duke to support families and caregivers. The implementation of these programs has resulted in high satisfaction scores as well as an indirect reduction in length of stay.

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A NURSE IS NOT A NURSE! HOW TO RECRUIT AND RETAIN TOP NURSING TALENT IN PEDIATRIC STEM CELL TRANSPLANTATION

Talbert, G.; Frey, M.A. Duke University Medical Center, Durham, NC.

The recruitment and retention of top nursing talent is a major challenge for nurse managers. A sustained, profound national nursing shortage has dramatically altered the staffing patterns of academic medical centers. Nurses now have the opportunity to work in less acute settings with decreased stress at a higher rate of pay. Nursing travel companies often lure top recruits away from large teaching hospitals with agreements to pay a higher rate of pay as well as a housing stipend. Children undergoing marrow and stem cell transplantation require a nursing workforce that is highly specialized. The Foundation for the Accreditation of Cellular Therapy (FACT) mandates "that nurses and nursing supervisors be formally trained and experienced in the management of patients receiving hematopoietic progenitor cell transplants". The recruitment and retention of such a workforce requires a unique approach. The purpose of this abstract is to identify barriers to the retention and recruitment of top nursing talent in this field. Contributing factors include a national nursing shortage and aging work force which have dramatically reduced the available pool of nurses. The major focus of this presentation will be to identify strategies to recruit and retain top nursing talent. These strategies include the development of a program entitled "Recruiting Talent and Rewarding Excellence in Pediatric Stem Cell Transplant Nursing". Low Cost/ No Cost initiatives will be discussed. The implementation of this program has been overwhelmingly successful. There is currently a waiting list of new and experienced nurses hoping to have the priviledge to work in our program. Nursing turnover rates have dramatically declined. Overall staff satisfaction has improved while patient quality indicators remain high.

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DISCHARGE PLANNING CAN MAKE THE DIFFERENCE: THE DUKE PEDIATRIC STEM CELL TRANSLANT ACCELERATED DISCHARGE MODEL

Gurganus, K.J.; Frey, M.A. Duke University Pediatric Stem Cell Transplant Program, Durham, NC.

Discharge planning for the child undergoing a stem cell transplant requires a coordinated, multidisciplinary approach. Few patients have discharge needs that are more complex and complicated. The Duke Pediatric Stem Cell Transplant (PSCT) Program coordinates the care of over 80 active transplants each year. Financial pressures and mounting scrutiny from payers has forced Duke and other health care organizations to carefully monitor costs and look for alternatives to high cost inpatient care. In 1995 the PSCT program at Duke opened a new inpatient unit. Integral to this unit was the addition of a Bone Marrow Outpatient Procedure room. This room was and is currently used to treat patients who require after hours care on an emergent or urgent basis. Concurrent with the advent of health care reform can initiatives looking at the reduction of cost and length of stay in children with complex medical needs. At the top of the list was children undergoing stem cell and marrow transplantation. The purpose of this abstract is to describe initiatives that are currently being used to accelerate discharge in the pediatric stem cell transplant patient. Integral to these initiatives is the expansion of the outpatient treatment facility to include after hours care. The key concept behind early discharge was the ability to provide bid complex medication administration that the caregiver could not provide. Patients are carefully evaluated by the physician based on selected early discharge criteria. A discharge planner is consulted to assess the caregivers readiness and ability to participate in our early discharge program. This presentation will detail the goals and criteria for our early discharge program. Highlighted will be the programs ability to move patients through the system in a relatively seamless fashion. A cost analysis will be reviewed which shows a

reduction in 4 inpatient days per case. Patient and caregiver satisfaction has been high and the rate of readmission has remained constant.

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IMPLEMENTATION OF A PROCESS INITIATIVE ON THE BLOOD AND MARROW TRANSPLANT UNIT THAT HAS INCREASED OVERALL FAMILY SATISFACTION WITH QUALITY OF CARE

Cuthrell, P.; Beutel, K.; Kaiser, P. Blood and Marrow Transplant Unit, Cincinnati Children's Hospital Medical Center, Cincinnati, OH.

The Blood and Marrow Transplant (BMT) Unit has implemented a hospital-wide patient care delivery methodology which has resulted in increased overall family satisfaction. This model, known as Patient Care and Access Process Initiative (PCAPI) focuses on uniting the patient care team including the patient/family. The central concept is to facilitate the customer service aspect of care delivery. Employees are recognized for their efforts to treat their customers with courtesy, attentiveness, respect, confidentiality and in a safe environment. Through defined roles, patients are oriented to their environment and to the resources of the care delivery systems. The PCAPI team develops collaboration on the plan of care documentation, education and discharge process. PCAPI provides a forum to ensure that the patient and family are as involved in the plan of care as they choose to be. Methods of presenting rounds are tailored to the unique needs and circumstances of the family. BMT patient-centered rounds ensure that resident physicians and nurses are receiving clinical education and role modeling in both medical and family-centered concepts. Caregivers communicate their child's needs through verbal interactions on rounds and written documentation in the medical record. Over the past 10 months, satisfaction scores were evaluated. Results from family satisfaction surveys completed prior to and after the initiation of PCAPI, revealed scores of 7.1 (pre) and 9 (post). The scores ranged from 0 (lowest) to 10 (highest). The data obtained from an n=29 pre-PCAPI surveys and an n=28 post-PCAPI surveys revealed an overall increase in satisfaction in quality of care delivered to the patients. For the future of family centered care here at Cincinnati Children's BMT Unit it is necessary to continue to build the team approach to care, connecting with the patient/family every step of the way.

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BMT-EZ: INNOVATIVE COMMUNICATION VEHICLE IN TRACKING BONE MARROW TRANSPLANT PATIENTS

Cruz, E.; Adornetto, D.L.; Calamusa, J.; Harris, S.; Hontiveros, R.; Stary, S. BMT Center, UT MD Anderson, Houston, TX.

At one of the largest blood and marrow transplant centers in the world, the BMT patient travels through a complex process from evaluation by the BMT physician, through pre-evaluation testing, financial clearance, admission work-up and transplant. It was determined through consensus of the team and by observation of interactions between team members that patient follow-up was inconsistent amongst the multidisciplinary care team. For many years, a patient tracking list has been utilized as a tool to follow the progress of patients through transplant. It recently has evolved into the main communication instrument utilized by the clinic coordinators, patient access coordinators/specialist, matched-unrelated donor coordinators, social workers, research nurses, research data coordinator, administrative director, nurse manager, business center manager and supervisor. The list is identified as the BMT-EZ, a vital communication vehicle capable of being updated from multiple multidisciplinary workstations and easily accessible by the team. This tracking includes transplant patients listed by doctor and also includes diagnosis, consult date, transplant type, protocol assignment, and financial and clinical comments. The financial column is updated by the business center patient access nurse coordinators to communicate approvals, denials, and other financial interventions. The clinical notes are updated by the clinic nurse coordinators as the patients clinical status changes. The multidisciplinary team attends a weekly tracking meeting facilitated by the BMT clinic nurse coordinators. The clinic coordinator reviews the BMT-EZ tracking list and provides new clinical updates to the team. The multidisciplinary team is encouraged to offer additional information not noted on the tracking list on any patients during this meeting. This regular meeting, coupled with the use of the tracking list, has minimized the possibility of a patient falling thru the cracks or being lost in our complex system. Currently, patients have a smoother transition from consultation to transplant admission thus creating a high level of patient satisfaction and role clarification amongst the multidisciplinary team.

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CARE OF THE AUTOLOGOUS BLOOD AND MARROW TRANSPLANT PATIENT IN A FAST PACED CLINIC WITH A MULTIDISCIPLINARY TEAM APPROACH

Baughman, E.E.; Harris, C.; Thornton, T.; Nash, V.; Rhodes, B.; Neumann, J. Blood and Marrow Transplantation Center, UT M.D. Anderson Cancer Center, Houston, TX.

The nursing goal for the Blood and Marrow Transplant (BMT) Fast Track Clinic is to provide point-of-service care to meet the needs of autologous patients in an efficient manner that fosters quality of care. The Fast Track multidisciplinary team consists of: an advanced practice nurse, clinic nurse, clinical pharmacist, phlebotomist, and a scheduling coordinator. This team collaborates to address the various symptoms presented by this population such as nausea, diarrhea, pain and fatigue. Fast Track is located within the BMT Clinic with several exam rooms designated for use. Patients have labs drawn in the morning by the phlebotomist who facilitates timely return of results. The clinic nurse then performs an initial patient assessment. Once lab results are available, the team further assesses the patient. Treatments such as electrolyte replacements and intravenous fluids are administered by ambulatory IV pumps. Infusions greater than one hour and blood product transfusions are transitioned to ambulatory clinics capable of longer-term infusions. Post-mobilization patients are transitioned to the apheresis clinic once their CD34+ counts are adequate. BMT physicians evaluate patients once a week until their absolute neutrophil count is stable and they are able to transition off of intravenous fluids. At that time, the patient is "graduated" from Fast Track, down the hallway, back to their physician's regular clinic. Monthly patient satisfaction surveys and daily comment cards are used to evaluate the patient perception of care and the nursing goal of Fast Track. Data such as patient volume, room usage, and types of treatments administered are documented on a daily spreadsheet. This data is reviewed by the Fast Track multidisciplinary team on a monthly basis to trend and implement quality improvements as needed.

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MISSED APPOINTMENTS: WHAT ARE THEY AND WHY DO THEY HAPPEN?

Hughes, S.E.; Stary, S.J.; Adornetto, D.L. BMT Center, UT MD Anderson, Houston, TX.

Blood and Marrow Transplant patients require care, time, and follow-up. At one of the largest transplant centers in the world, performing over 550 transplants per year, scheduling patient appointments and assuring these appointments are kept presents a challenge. Monthly activity reports demonstrate an average of 200 missed appointments per month including new patients, consults, and follow-ups. In an effort to address this issue, it was determined that the missed appointment policy and procedure needed to be updated and the utilization of the missed appointment log needed to be reviewed with staff. There were also many staff members that were unaware of the current policy and questioned who was responsible for contacting patients who had missed his/her appointment. It was unsure why appointments were being missed; therefore, presenting concerns regarding patient follow thru and clinic flow. This resulted in a performance improvement project to address ways to improve this process and to assure patients are being seen appropriately and timely. As a result, re-